



PROGRESS REPORT FOR: Alcohol and Other Drugs

ON OCTOBER 11, 1994, the Public Health Service (PHS) conducted a review of progress on **HEALTHY PEOPLE 2000** objectives on alcohol and other drugs. The lead agency for this priority area is the Substance Abuse and Mental Health Services Administration (SAMHSA). PHS participants in the progress review included representatives of the Centers for Disease Control and Prevention, National Institutes of Health, and Indian Health Service. They were joined for the review by the Counselor to the Secretary and invited guests from the Office of National Drug Control Policy, the Department of Education, the National Highway Traffic Safety Administration (NHTSA), the Society of Americans for Recovery, the Robert Wood Johnson Foundation, the Community Anti-Drug Coalitions of America, Join Together, the National Association of State Alcohol and Drug Abuse Directors (NASADAD), The Trauma Foundation, Advocates for Highway and Auto Safety, the National Association for Native American Children of Alcoholics, the Baltimore City Partnership for Drug-Free Neighborhoods, and the Iowa Department of Public Health.

The SAMHSA administrator began by emphasizing that abuse of alcohol and other drugs has its basis in behavioral, social, and biological factors. The stigma associated with substance abuse disproportionately affects certain population groups. The discussion centered on youth, alcohol, and the continuum of prevention and treatment.

The downward trends in alcohol and marijuana use from 1978 to 1992 among students ages 12 to 17 were reversed in 1993 (objective 4.6). In the 1993 Monitoring the Future Survey, 43 percent of high school seniors reported that they had used an illegal drug before graduation, and 27.5 percent of seniors reported drinking five or more alcoholic beverages on one occasion within the previous 2-week period (objective 4.7).

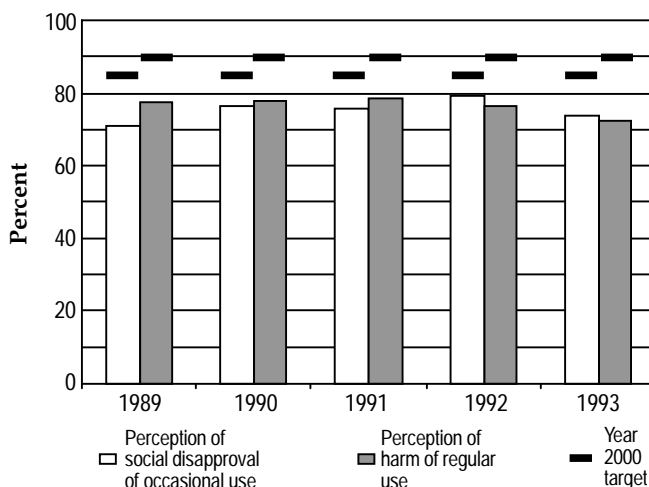
The perception of social disapproval and association of risk of harm of marijuana use by high school seniors (objectives 4.9 and 4.10) fell in the 1993 survey, signaling a need to change community norms so that marijuana smoking is discouraged. Similarly, the perception of harm and social disapproval about heavy drinking moved slightly away from the target in 1993.

Children begin experimenting with alcohol at an average age of 12.9 years and begin trying marijuana at 13.9 years. They are exposed to alcohol and drug use by parents and the media even earlier. Therefore, prevention efforts targeted to children and adolescents need to address multiple risk factors and be linked to violence, teen pregnancy, sexually transmitted diseases, and HIV prevention programs at the neighborhood level. Several guests emphasized that community mobilization is the key to success. There was consensus that children are never too young to be reached with consistent messages about the health effects of alcohol and drugs relayed by positive role models. Families,

schools, worksites, media, and faith communities are avenues for communicating about the risks of substance abuse. One participant observed that "people support what they help create."

Alcohol-related motor vehicle crash deaths (objective 4.1) for the total population, as well as for special populations (American Indian/Alaska Native men and people ages 15 to 24), have decreased dramatically. Success in achieving the Year 2000 targets reflects the passage of administrative license revocation laws (objective 4.15) in 37 States and the District of Columbia and the lowering of blood alcohol content levels from .10 to .08

Perception of Social Disapproval and Harm From Marijuana Use by High School Seniors

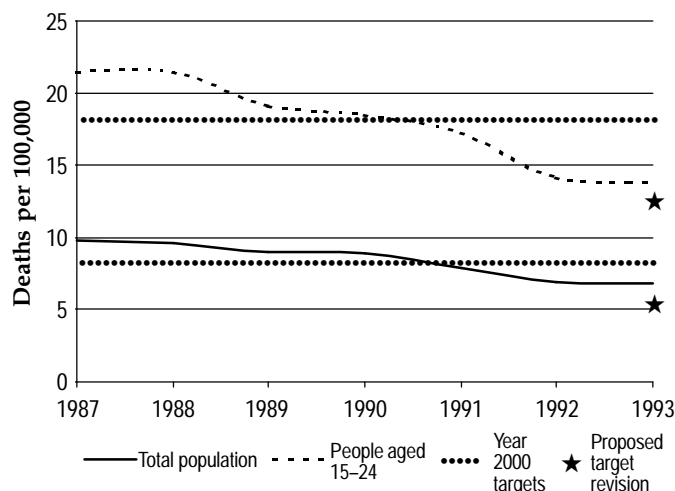


Source: NIH/NIDA/Monitoring the Future

in 11 States (objective 4.18). Enforcing these laws and educating individuals cited for driving while intoxicated have also played major roles, according to NHTSA. New targets are being proposed as a part of the midcourse review for objective 4.1.

Per capita alcohol consumption in the United States has declined (objective 4.8) from 2.54 gallons in 1987 to 2.31 gallons for people ages 14 and older in 1992. Cirrhosis deaths declined (objective 4.2) from 9.2 per 100,000 population in 1987 to 7.9 in 1992 (provisional data). Despite efforts to prevent fetal alcohol syndrome, 22.7 percent of white women, 15.8 percent of black women, and 8.7 percent of Hispanic women continue to use alcohol during pregnancy according to the 1993 National Pregnancy and Health Survey sponsored by the National Institute on Drug Abuse.

Alcohol-Related Motor Vehicle Crash Deaths



Source: Fatal Accident Reporting System, U.S. Department of Transportation

The link between the availability of alcohol and increased homicide rates was noted. In neighborhoods with the highest density of liquor stores and bars, homicides increased 130 percent between 1960 and 1980. States that increased the minimum age for purchasing alcohol from 18 to 21 experienced a decrease in youth homicides. Also, States that had monopoly control of liquor retail sales reported a lower rate of violent incidents.

Prevention and treatment are a part of a continuum of care to effectively address the substance abuse problem. Strategies for reducing alcohol- and drug-related morbidity and mortality require working collectively with States and communities and converging Federal funding streams. Participants agreed that additional efforts are needed to integrate community-based programs into State planning.

Successful substance abuse programs need to include both prevention and treatment. Prevention components, in addition to encouraging individuals to abstain, need to provide a supportive environment for those completing treatment. Treatment is necessary to stop the cycle of abuse.

One participant noted that the "stigma is absent for alcohol use." The social norm is more supportive of alcohol use. She observed that it is the 10 million recovering alcoholics in this country who are stigmatized. Women in alcohol recovery programs, for example, fear the loss of their children. The challenge for the alcohol and other drug community is to remove the barriers to treatment and deliver the clear message that there are benefits to non-use.

A successful strategy for deglamorizing alcohol in the city of Baltimore was described. The City Council enacted a ban on alcohol and tobacco billboard advertising in residential neighborhoods as a result of the action of the Baltimore City Partnership for Drug-Free Neighborhoods.

Another avenue for action is in the distribution of Substance Abuse Block Grant funds by States to communities in need. With 20 percent of the Block Grant targeted to prevention, the opportunity exists to build the prevention infrastructure (information systems, planning, policy development, information, and education) to sustain community programs. The NASADAD director commented on unfunded mandates and on the need to secure continued funding for those demonstration projects that are at the end of their 5-year funding cycle.

The progress review concluded with a summary of action items for pursuing HEALTHY PEOPLE 2000 objectives, with a focus on preventing abuse of alcohol and other drugs. These include exploring how the Federal Government and States can best combine efforts to link existing prevention programs to address multiple risk factors; exploring methods for strengthening prevention messages to discourage underage alcohol and illicit drug use; assessing the regulatory and legislative agenda to take more aggressive action against alcohol advertising targeting youth; examining the feasibility of providing leadership in developing model local ordinances related to location of liquor establishments as well as sales and promotional activities; and preparing a proposal listing the most important policies for reducing the abuse of alcohol and other drugs among youth.

Public Health Service Agencies

Agency for Health Care Policy and Research
 Agency for Toxic Substances and Disease Registry
 Centers for Disease Control and Prevention
 Food and Drug Administration
 Health Resources and Services Administration
 Indian Health Service
 National Institutes of Health
 Substance Abuse and Mental Health Services Administration
 Office of the Surgeon General

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